



## Rogers Aquatics Center Group Reservation Form

Date:	_	
<b>Contact Information</b>		
Group Name:		
Group Contact Person:		
Address:		
City:	State:	Zip:
Main Phone:	Cell Phone:	
Fax:	Email:	
Reservation Information	(Check all that apply)	
Date of Group Outing:	Total Group Count (In	cl. Chaperones):
Birthday Package: \$250 (	12 park passes, 12 Beverage Tickets, 2 ½	hr pavilion rental)
Time: 11:15-1:45 2:15	5-4:45 5:15-7:45 ** Birthday Cake m	ay be brought in to park for party.
After Hours Corporate/Bu	<u>ısiness:</u> M-Sat 7:15-9:15pm or Sun 6:15-	-8:15pm
<u>Full Park Ren</u>	<u>utal:</u> \$3,000	
<u>Half Park (3</u>	attractions): \$2,000 1	23
Group Rate Package: \$6 p	per person – 12 or more (No Group Disco	unt on Saturdays)
Add Group M	Meal Option: \$3.75 per person- 12 or more	e in group
Add Pavilion	Rental: \$166 (2 ½ hr) Seats 24	
Youth Group of 100 or mo	<u>&gt;re:</u> \$3 per person – 2 hr max 11-1	p 12-2p 1-3p 2-4p
	Aquatics Center Reservation Po	licies
<ul> <li>Youth groups (11 yrs.)</li> <li>Pavilion cancellations</li> <li>The facility/pavilion is</li> <li>The contracted party disposing of all trash</li> <li>All activities will term</li> <li>Inclement weather ma</li> <li>No live bands, DJ's or rental during operatin</li> <li>The Rogers Aquatic Cothe facility.</li> </ul>	amption is permitted inside the Rogers Aquand under) must provide enough active of must be made within 48 hours of schedus available only on the dates/times specificial responsible for cleaning the pavilion an and debris in a timely manner after use, inate at the specified time in this agreement as warrant rescheduling of facility/pavilion portable stereos (boom boxes) will be allowed hours.  The provided the responsible for injury of the provided the provided that the provided the provided that the provided th	chaperones ensuring a 1:7 ratio.  Iled rental for a full refund.  Iled herein.  Id surrounding grounds and properly  ent.  In rental.  In rental conjunction with any pavilion
I have read and agree to the term	ms of this agreement:	

Signature of Group Representative \_\_\_\_\_\_ Date: \_\_\_\_